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CONFIRMATION NO. 1087

<b>SERIAL NUMBER</b> 10/597,379	<b>FILING OR 371(c) DATE</b> 07/21/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 7095MH-5
<b>APPLICANTS</b> Kevin Stamp, Sheffield, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB05/00223 01/24/2005				
<b>** FOREIGN APPLICATIONS *****</b> CANADA 2455937 01/27/2004 UNITED KINGDOM 0401469.2 01/23/2004				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/10/2008				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 31 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22442				
<b>TITLE</b> INJECTION DEVICE				
<b>FILING FEE RECEIVED</b> 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	